

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/533397

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		4				
9		1				
10		1				
11		1				
12		3				
13		1				
14		1				
15		1				
16		3				
17		3				
18		1				
19		2				
20	1					
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		4				
31		1				
32		1				
33		1				
34		3				
35		1				
36		1				
37		1				
38		3				
39		1				
40		1				
41		2				
42		1				
43		1				
44						
45						
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	69	←		←		←
TOTAL CLAIMS	62					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						